

**New York State Unified Court System  
Steuben Family Court Treatment Enhancement Project  
New York, New York  
TI14122**

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**B&D ID**

51602

## **PROJECT DESCRIPTION**

**Expansion or Enhancement Grant**—Enhancement and Expansion

**Program Area Affiliation**—Families and Women and Children

**Congressional District and Congressperson**—New York 31, Corning; Amo Houghton

**Public Health Region**—II

**Purpose, Goals, and Objectives**—The purpose of the Steuben County Family Treatment Drug Court (FTDC) STEP Project is to integrate comprehensive chemical dependency treatment and support services into the judicial administration process in child abuse and neglect cases. The project seeks to preserve child health and safety, provide support and recovery services to parents, achieve permanency determinations on abuse/neglect proceedings for parents in recovery, and reduce foster care, criminal justice, and health care costs by providing recovery services to parents. (abstract; page 15)

**Target Population**—Chemically addicted parents who have been charged with abusing or neglecting their minor children, and their children. Excluded are any parents who are charged with sexual abuse of a minor child. Based on prior clients, about 75 percent will be women and more than 96 percent will most likely be Caucasian. (pages 18–19)

**Geographic Service Area**—Persons residing in Steuben County, New York. (abstract)

**Drugs Addressed**—All non-intravenous and intravenous substances and alcohol. (abstract; page 9)

**Theoretical Model**—The Steuben County FTDC is modeled after two nationally recognized successful projects operating in Suffolk County and the borough of Manhattan. The program adopted the Phases of Change model developed by the Manhattan Family Treatment Court as a guide for client movement through the FTDC system. The has three-phases, each taking about 4 months to complete. Phase I orients the client to treatment goals. Clients participate in early stages of treatment, have a minimum of eight visitations with children, and attend court appearances. Phase II is intensive treatment and support services. Clients continue to have visits with children; attend life skills, parenting, and vocational training; and begin to reintegrate with family. Phase III continues all of the activities in Phase II, promotes internalization of recovery tools, and develops parent and coping skills, and client begin to build stable living and financial situations. (pages 25, 29–30)

**Type of Applicant**—State (cover page)

## **SERVICE PROVIDER STRUCTURE**

**Service Organizational Structure**—The New York State Office of Court Administration (OCA) has been designated as the lead agency for this project. OCA has led the treatment court movement throughout New York State and has extensive experience in treatment court

implementation and with the development of multi-systemic treatment networks. OCA will monitor and encourage steering committee compliance with project goals. (page 25)

**Service Providers**—The lead service provider, Steuben County Alcohol and Substance Abuse Services, will hold contracts with a multi-agency service network created for this project. The list of participating service providers includes the following agencies: Steuben County Alcoholism and Substance Abuse Services, Kinship Community Residence, St. James Mercy Hospital Alcoholism Inpatient/Outpatient Clinic, Institute for Human Services, and Catholic Charities of the Southern Tier/Transitions. (pages 19–20, 36)

**Services Provided**—Multiple services are provided by each of the service providers. They include assessment, clinical screenings, case management, intensive outpatient treatment for substance use, residential substance use treatment, psychiatric care, mental health treatment, co-occurring disorders, parenting, life skills, family management, healthy disciplinary practices, child development needs, building self-esteem, family interaction, physical health treatment, employment and living arrangements, and other ancillary services. (pages 20–22, 26–27)

**Service Setting**—Multiple treatment settings will be used depending, on the needs of the individual client. Outpatient, intensive outpatient, residential, and partial residential settings are used by each of the service providers involved in the project. (pages 20–22)

**Number of Persons Served**—The FTDC STEP Project will serve 40 parents each year. (page 18)

**Desired Project Outputs**—The desired outcomes are detailed in the goals and objectives described above. In summary, these include expanding and enhancing comprehensive substance abuse treatment and support services to reduce chemical dependency among parents who have been charged with abusing or neglecting their children, and increasing the safety and health of said children. (abstract; page 15)

**Consumer Involvement**—No specific consumer involvement is outlined in the application.

## EVALUATION

**Strategy and Design**—The program evaluation strategy involves three stages: (1) fidelity, (2) process, and (3) outcome evaluations. A one-group design with baseline data and 6- and 12-month follow-up data collection will be used. (page 31)

**Evaluation Goals/Desired Results**—The project goals and objectives not only delineate treatment goals but suggest evaluation goals as well, through specific anticipated outcomes such as reducing chemical dependency among parents and increasing the safety and health of children. The project staff anticipates at least an 80 percent follow-up rate. (pages 31–34)

**Evaluation Questions and Variables**—The fidelity evaluation self-monitors and corrects the quality of court strategies and treatment and support services. Client sociodemographics and other client data extracted from the psychosocial assessment will be examined. Client progress will be tracked through discharge. Project reports will monitor court strategies and procedures. The report will include number of team meetings, court dispositions, number of new respondents, types of services, and child placement decisions. Process evaluation addresses the nature and extent of services delivered by the program. Specific process evaluation questions will measure

case flow, caseload, placement and retention rates, and the composition of the provider network. The outcome evaluation questions measure respondent symptom levels and functional status. In addition to GPRA questions, other variables will include alcohol and drug use, physical and mental health status, employment, family/social relations, and crime outcome items. (pages 31–34)

**Instruments and Data Management**—The following instruments will be used: client psychosocial assessment inventory, ASI/ADI, Zung Scale, GPRA tool, provider interviews, and client interviews. A client data system will monitor participation in all drug treatment programs and discharge data for each client admitted for treatment. The client data system provides demographics and items that measure client behavioral changes and will aid in client tracking. Data analysis will consist of descriptive statistics, multivariate analysis, and/or regression analysis. (pages 33–34)